TR	RAN	ISMITTA	Docket No. 16987								
In Re Application Of: Hitoshi Suzuki, et al.											
Application No.		ation No.	Filing Date	Examiner	Customer No.	Group Art Unit	Confirmation No.				
10/650,615		50,615	August 28. 2003	Unassigned	23389	3629	8928				
Title: HOSPITAL INFORMATION SYSTEM											
Address to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450											
				37 CFR 1.97(b)							
1.	1. The Information Disclosure Statement submitted herewith is being filed within three months of the filing of a national application other than a continued prosecution application under 37 CFR 1.53(d); within three months of the date of entry of the national stage as set forth in 37 CFR 1.491 in an international application; before the mailing of a first Office Action on the merits, or before the mailing of a first Office Action after the filing of a request for continued examination under 37 CFR 1.114.										
	37 CFR 1.97(c)										
2.		The Information Disclosure Statement submitted herewith is being filed after the period specified in 37 CFR 1.97(b), provided that the Information Disclosure Statement is filed before the mailing date of a Final Action under 37 CFR 1.113, a Notice of Allowance under 37 CFR 1.311, or an Action that otherwise closes prosecution in the application, and is accompanied by one of:									
	★ the statement specified in 37 CFR 1.97(e);										
	OR										
		☐ the	fee set forth in 37 CI	FR 1.17(p).							

In Re Application of: Hitoshi Suzuki, et al. Application No. Filing Date Examiner Customer No. Group Art Unit Confirmation No. 10/650,615 August 28. 2003 Unassigned 23389 3629 8928 Title: HOSPITAL INFORMATION SYSTEM Payment of Fee (Only complete if Applicant elects to pay the fee set forth in 37 CFR 1.17(p)) A check in the amount of is attached. The Director is hereby authorized to charge and credit Deposit Account No. 191013 as described below. Charge the amount of Credit any overpayment. Credit any overpayment. Charge any additional fee required. Payment by credit card. Form PTO-2038 is attached. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. Certificate of Transmission by Facsimile* Certificate of Mailing by First Class Mail I hereby certify that this concessor with sufficient destage as first class mail in an envelope addressed to Patents, P.O. Box 1450; Alexandria, VA 22314-1450; 137 CFR 1.8(a)) on	TRANSMITT	Docket No. 16987											
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(Date) Signature Signature of Person Mailing Correspondence Typed or Printed Name of Person Signing Certificate *This certificate may only be used if paying by deposit account. Dated: October 16, 2008 Thomas Spinelifi Registration (No.: 39,533	ing deposited clent postage ddressed to exandria, VA												